

Network Health cover that is every bit as smart as you are!



with CompCare Wellness NetworX.

Covering All Major Medical Expenses, including emergency room treatment as well as great additional 'out-of-hospital' benefits such as:

- Unlimited visits to your GP
- Acute and chronic medication
- Radiology, pathology and specialist consultations
- Optometry and dentistry











work for you – every step of the way. Easier said than done? Not

Are you...

- A professional sportsman or woman? We'll cover your injuries.
- Looking for a top-notch loyalty programme? You get access to Universal 360° for free.
- In need of repatriation? It's covered by Universal's loyalty programme.

For your free International travel cover phone 0860 100 491

SMS 'student' to 32673 if you are keen to find out more

We're all about you and your future.

Affordable medical aid for students



The NetworX Option 2016

The Network Option 2010	
In-hospital benefits Prescribed Minimum Benefits: Overall Annual Limit (OAL) for non-PMB and elective admissions	 Unlimited – subject to scheme protocols R1 050 000 per family per year
Services covered in hospital 100% of the agreed tariff (AT), subject to the OAL, pre-authorisation and Network DSP hospitals. All treatment in hospital is subject to case management and scheme protocols	Theatre fees
Cover for chronic conditions 27 chronic conditions covered. Chronic medication is subject to the Core Formulary list of medicines and a Formulary reference price (FRP). Members are required to register for all chronic conditions	 Chronic medication is unlimited, subject to medicine formulary and if prescribed by a Universal Network Provider and dispensed within a Universal Network pharmacy or by a dispensing Universal Network GP. Any voluntary use of chronic medicine prescribed by an out-of-network provider and any non-formulary medicines are for the member's own account, unless pre-authorised by the medical advisor. PMB rules apply Subject to formulary reference pricing
Unlimited day-to-day services not subject to the Annual Flexi Benefit (AFB) Services subject to the use of the Universal Provider Network	 GP visits - unlimited at a selected Universal Network GP, subject to clinical necessity Two out-of-area visits p/b per annum (20% co-payment at point of service limited to a maximum of R955 per event, including medicine, pathology and radiology excluding facility fees Acute medication - unlimited if prescribed by a Universal Network GP, or by a specialist provided member referred by a Universal Network GP. Subject to formulary. No cover for non-formulary medicines unless otherwise pre-authorised. No cover in case of voluntary use of non-Universal providers, or voluntary use of specialist without referral by a Universal Network GP Basic radiology - unlimited, subject to specific codes - referral by a Universal Network GP required Basic pathology - unlimited, subject to specific codes - referral by a Universal Network GP required
Day-to-day services paid from the Annual Flexi Benefit (AFB) at 100% of the agreed tariff AFB – R2 664 p/b R3 972 p/f	 Specialist consultations - limited to two p/b, maximum of three p/f, subject to referral by a Universal Network GP, pre-authorisation required. Referrals limited to specialists in DSP Network hospitals only. two ante-natal visits per pregnancy Basic dentistry - limited to one consultation p/b including preventative care, infection control, fillings, extractions and dental X-rays at a Universal Network dentist Optometry - limited to one test p/b every 24 months, including lenses - clear plastic lenses for single vision and frames limited to R737. Bi-focals and frames limited to R1 180 at a Universal Network optometrist. Contact lenses paid from AFB Hospital emergency room/casualty emergency visits
Wellness: Lifestyle and preventative care Paid from risk	 Blood pressure, blood sugar, cholesterol, BMI and waist circumference - limited to R165 p/b over the age of 18 Flu vaccinations - one dose p/b per annum - limited to R85 HIV tests - one p/b per annum Emotional wellness benefit

*p/b = per beneficiary *p/f = per family

Want to know more?

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All information relating to the 2016 CompCare Wellness Medical Scheme benefits and contributions are subject to formal approval by the Council for Medical Schemes. On joining the scheme, all members will receive a detailed member brochure, as approved. The final registered rules of the scheme will apply.

